

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3573
Registrar's No. 1002

FILED SEP 18 1948
Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution:
1422 SPRUCE ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 24 YRS.
years, months or days)

3. (a) PRINT FULL NAME JOHN W. MASS

3. (b) If veteran name war WORK WOT II 3. (c) Social Security No. 430-12-3264

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Callie Mass 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased OCT 24, 1922
(Month) (Day) (Year)

8. AGE: Years 25 Months 10 Days 1 If less than one day hr. min.

9. Birthplace McNiel, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business CONSTRUCTION

12. Name UNKNOWN

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Callie Mass

(b) Address 1312 Campbell St.

17. (a) Removal (b) Date thereof 9/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PINE BLUFF, Ark.

18. (a) Signature of funeral director W. E. Davis

(b) Address 1513 TROOST AVE.

19. (a) 9-1-48 (b) Stearline Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1312 Campbell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27
year 1948 hour 10 minute 40 P M.

21. I hereby certify that I attended the deceased from Deputy Coroner
that I last saw him alive on 9/27/48
and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Duration

Due to Internal Hemorrhage

Due to Multiple Gun Shot Wounds - chest

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 106

Of autopsy No - Permit

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 8-27-48

(c) Where did injury occur? K.C. Jackson - Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Home - 1422 - Spruce

While at work? No (Specify type of place) (e) Means of injury Gun Shot

23. Signature W. E. Davis (M. D. or other)

Address 2636 - Brooklyn Date signed

OCT 21 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed C. B. Davis
Licensed Embalmer No. 4417
P. O. Address W. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.